## PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313

maintenance fee notifications	m should be used for trans respondence including the P lelow or directed otherwise s. E ADDRESS (Note: Use Block 1 for a		n i	Note: A certificate (cc(s) Transmittal.	of mailing can onl	y be used for	should be completed where correspondence address as arate "FEE ADDRESS" for or domestic mailings of the for any other accompanying ent or formal drawing, must
23409 759 MICHAEL BEST 100 E WISCONSIN MILWAUKEE, WI	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
26/2006 DEMMANU2 00000074 10784149				Mary A.	Koceja	<b></b>	(Depositor's name)
C:1501 C:1504	1400.00 OP 300.00 OP			Mary 6	21/06	jeeg	(Signature)
APPLICATION NO.	FILING DATE	FIRST N	AMED INVENT	OR	ATTORNEY DO	CKET NO.	CONFIRMATION NO.
	RGANIC ELECTROLUMIN						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUI	SLICATION FEE	TOTAL FEE(		DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	,	06/21/2006
YAMNITZKY, MARIE ROSE		ART UNIT		ASS-SUBCLASS 428-690000			
_	ence address (or Change of C 2) attached. ion (or "Fee Address" Indical	tion form regist	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PTO/SB/47; Rev 03-02 o Number is required.			<u></u>				
PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE  Sensient II  Please check the appropriate  4a. The following fee(s) are of Issue Fee	RESIDENCE DATA TO BE an assignee is identified be 37 CFR 3.11. Completion of EE maging Technologies assignee category or categor enclosed:	E PRINTED ON THE PATION, no assignee data will fithis form is NOT a substitution (B) RECOLOGIES Gmb lies (will not be printed on 4b. Payme	TENT (print or II appear on the titute for filing ISIDENCE: (CIII)  H the patent): ent of Fee(s): heck in the amounts	type) c patent. If an assi an assignment. TY and STATE OF	COUNTRY) Germany Corporation or other	•	locument has been filed for oup entity Government
PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE  Sensient II  Please check the appropriate  4a. The following fee(s) are of Issue Fee  Publication Fee (No sr Advance Order - # of 5. Change in Entity Status (c)	RESIDENCE DATA TO BE an assignee is identified be 37 CFR 3.11. Completion of EE  maging Technologies assignee category or categor enclosed: mall entity discount permittee Copies  (from status indicated above)	E PRINTED ON THE PACE IN THE P	TENT (print or II appear on the titute for filing ISIDENCE: (CIII Hand III the patent):  ent of Fee(s):  heck in the amount by credit IDirector is herosit Account N	type) c patent. If an assian assignment.  TY and STATE OF  Wolfen, Individual  January State of the fee(s) is card. Form PTO-20 ceby authorized by cumber 13-30	COUNTRY) Germany Corporation or other enclosed. 38 is attached. harge the required in the country (enclosed)	er private gr fee(s), or cre close an ext	edit any overpayment, to ra copy of this form).
PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sensient II  Please check the appropriate  4a. The following fee(s) are control of the USPTO in the Issue Fee and Puncher of the USPTO in the Issue Fee and Puncher of the USPTO in the Issue Fee and Puncher is recorded.	RESIDENCE DATA TO BE an assignee is identified be 37 CFR 3.11. Completion of EE  maging Technologies assignee category or categor enclosed: mall entity discount permittee Copies	E PRINTED ON THE PATE IOW, no assignee data will feel this form is NOT a substance of this form is NOT as substance of the su	TENT (print or II appear on the titute for filing ISIDENCE: (CIII)  H the patent):  ent of Fee(s):  heck in the amount by credit Director is her posit Account N	type) e patent. If an assian assignment.  TY and STATE OF  Wolfen,  Individual   ount of the fee(s) is card. Form PTO-20 cby authorized by cumber 13-30  longer claiming SM	COUNTRY)  Germany  Corporation or other  enclosed.  38 is attached.  harge the required of the country  ALL ENTITY state	fee(s), or creciose an extra see 37 Co o the applicar agent; or ti	edit any overpayment, to ra copy of this form).  FR 1.27(g)(2).  ation identified above. the assignee or other party in
PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sensient II  Please check the appropriate  4a. The following fee(s) are control of the USPTO in the Issue Fee and Puncher of the USPTO in the Issue Fee and Puncher of the USPTO in the Issue Fee and Puncher is recorded.	RESIDENCE DATA TO BE an assignee is identified be 37 CFR 3.11. Completion of EE  maging Technology assignee category or categor enclosed:  mall entity discount permittee Copies  (from status indicated above) MALL ENTITY status. See 3 is requested to apply the Issue ublication Fee (if required) we	E PRINTED ON THE PATE IOW, no assignee data will feel this form is NOT a substance of this form is NOT as substance of the su	TENT (print or II appear on the titute for filing ISIDENCE: (CIII)  H the patent):  ent of Fee(s):  heck in the amount by credit Director is her posit Account N	type) e patent. If an assian assignment.  TY and STATE OF  Wolfen,  Individual   ount of the fee(s) is card. Form PTO-20 cby authorized by cumber 13-30  longer claiming SM	COUNTRY)  Germany  Corporation or other  enclosed.  38 is attached.  harge the required of the country  ALL ENTITY state	er private gr fee(s), or cre close an ext us. See 37 C	edit any overpayment, to ra copy of this form).  FR 1.27(g)(2).  ation identified above. the assignee or other party in

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pat Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.